APPLICATION FOR TERMINATION OF COVERAGE

State Form 76 (R4 / 6-06), DWD Form 10
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N. SENATE AVE RM SE 106 INDIANAPOLIS IN 46204-2277
Local: 317-232-7436 Toll Free: 1-800-891-6499 Fax: 317-233-2706

CONFIDENTIAL RECORD Pursuant to IC 22-4-19-6, IC 4-1-6

Name of Employer	Account Number	Date
Trade Name (D/B/A)		
Street Address	**EMPLOYER TO LEAVE THIS SPACE BLANK**	
City State ZIP Code	Approved, Effective By: _____ Audit Section	
Liability Began	Qualified Under Chapter 7, Section 1, 2A, 2B, 2D, 2E, 2F, 2G, 2H, 21	

TO THE UNEMPLOYMENT INSURANCE BOARD: The above named employer makes application for termination of coverage under the Employment and Training Services Act as of December 31, 20_____ in one or more of the following categories:

CHECK THE APPROPRIATE BOX IN EACH OF THE FOLLOWING QUESTIONS. (All questions must be answered.)
Please note; if any question is answered yes, we cannot terminate the Account.

FEDERAL QUALIFICATION

1. Are you currently liable under the Federal Unemployment Tax Act, with one (1) or more employees performing services in Indiana?---------- ☐ YES ☐ NO

REGULAR EMPLOYMENT

1. Did you have twenty (20) or more calendar weeks during the above year in which you had some employment (either full-time or part-time)?---------- ☐ YES ☐ NO
2. Did you have a calendar quarter in which a gross payroll of $1,500.00 or more was paid for service?---------- ☐ YES ☐ NO

AGRICULTURAL EMPLOYMENT

1. Did you have twenty (20) or more calendar weeks during the above year in which you employed in agricultural labor ten (10) or more individuals (either full-time or part-time)?---------- ☐ YES ☐ NO
2. Did you have a calendar quarter in which a gross payroll of $20,000 or more was paid for services?---------- ☐ YES ☐ NO

DOMESTIC EMPLOYMENT

1. Did you have a calendar quarter in which you paid remuneration in cash of $1,000.00 or more for domestic services?---------- ☐ YES ☐ NO

NON-PROFIT EMPLOYER

1. Did you have twenty (20) or more calendar weeks during the above year in which you had four (4) employees (either full-time or part-time) in a single day?---------- ☐ YES ☐ NO

The employer's books and records, which are available for any examination the Department may deem necessary, are located at:

Street Address _____ In Care of

City _____ State _____ _____

_____ _____
(Individual's Name printed) *(Title)*

of the above named employer, has executed the above and foregoing application for termination of coverage and, at the time of execution, states was duly authorized by said employer to execute said application for and in its behalf; that all statements and information in the foregoing and any supporting schedules or statements are true and correct; that he makes this affidavit for the sole purpose of inducing the Unemployment Insurance Board to terminate said employer's coverage or portion thereof under the Employment and Training Services Act.

I hereby certify that I have carefully examined the foregoing questions and that my answers thereto and other information contained are true and complete, to the best of my knowledge and belief.

Department Representative _____ Date _____
(Signature)

Signature of Employer _____ Title _____